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Bib Data Sheet

CONFIRMATION NO. 8512

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/737,118	12/14/2000	606	3732	S63.2-9611
	RULE			

APPLICANTS

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** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/528,613 03/20/2000
WHICH IS A DIV OF 09/034,434 03/04/1998 PAT 6,152,944
WHICH IS A CIP OF 08/812,351 03/05/1997 PAT 5,893,868

0416529

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 02/01/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	18	6	1
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

00490

TITLE

Catheter with removable balloon protector and stent delivery system with removable stent protector

FILING FEE RECEIVED	FEEs: Authority has been given in Paper	<input type="checkbox"/> All Fees
710	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing)
	No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit